10/17/2010 6: (13 Division of Corporations 0 00 1 3 4 8 3 7

#3365 P.001/005 Page 1 of 1

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002502543)))



H110002502543ABCL

Note: DO NOT	hit the REFR	ESH/RELO	AD button o	n your browser	from this page.
		will generate	l	_	

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EALLE TAX REPRESENTATION, CORP.

Account Number: 120070000037 Phone: (954)752-45\$3

Fax Number : (954)752-4522

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

EAGLE TAX REPRESENTATION, CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

10/0/

Electronic Filing Menu

Corporate Filing Menur

Help

		COVER	LETTER	
TO: Amendment S Division of C				
NAME OF CORE	PORATION: E	AGLE TAX	K REPRE	SENTATION, CORP_
DOCUMENT NUMBER:			P050	00124837
The enclosed Artic	cles of Amendment and	l fee are submi	ucd for filir	ig.
Please return all co	orrespondence concernin	g this matter	to the follo	wing:
		Paulo) Oliveira	
		Name of Co	ntact Person	
	EAGLE 1	 TAX REPRE	 SENTATIO	DN, CORP
		Firm/ C	ompany	
	4641	N STATE	 ROAD 7 - 9	STE 18
:		Ade	ress	
	CO	CONUT CR	EEK.FL-;	33073
•			nd Zip Code	
		O@EAGLE		
	E-mail address: (to b	e used for futur	e annual repor	t notification)
For further informs	ation concerning this ma	tter, please c	 a : 	
Paulo Oliveira, E.A.		at e	954	752-4553
	of Contact Person			& Daytime Telephone Number
Enclosed is a check	k for the following amou	int made pay	able to the H	lorida Department of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	C	43.75 Filing F crtified Copy Additional cop	Certificate of Status
Mailing Ac	<u>idress</u>	Str	eet Address	
Amendment Section		1	endment Se	
Division of P.O. Box 6	Corporations		ision of Co Iton Buildin	-
Tallahassee			1 .	g Center Circle
	•		lahassee, Fl	

•				
	Articles of	Amendmei) nt	
	1	o		
	Articles of I	I	n	
	•)f		
EAGLE TAX RE				
(Name of Corporation as curr	ently filed wi	th the Floric	a Dept. of State)	•
Pos	00012483	37		
(Document Nu	nber of Corpo	ration (if kno	wn)	-
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Sta	itutes, this F	lorida Profit Corporati	on adopts the following
A. If amending name, enter the new name o	f the corpora	tion:		
· ·				The way
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pre	designation	"Corp," "In	c," or "Co". A profess	ional corporation
B. Enter new principal office address, if app	hlicuble:			
Principal office address MUST BE A STREE)		
				SS.
		'		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)				PRICE SE
1-	LO DUI			<u> </u>
				·
		- 	- · · * · · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or	registered off	ice address i	n Florida, enter the na	me of the
new registered agent and/or the new regi	stered office	address:		
Name of New Registered Agent:				
	,			
New Registered Office Address:	(Fi	orida street d	address)	
	,			
	(Ci		, Florida (Zip Code)	
	(0.	יעני	(Lip Code)	
New Registered Agent's Signature, if changi			d name at the attination	
hereby accept the appointment as registered a	igeni. 1 am ja	muuar wun c	ina accept the obligation	is of the position.
	77	D	14	
) 	ngnature of M	ew Kegistere	d Agent, if changing	
		_		
	Page	1 of 3		

removed and	he Officers and/or Directors, of title, name, and address of each mal sheets, if necessary)	enter the t	title and	and name of for Director	each officer/di heing added:	rector being
<u>Title</u>	Name		<u>Ad</u>	dress		Type of Action
<u>P</u>	Priscilla Olivelra	<u> </u>	464 Cox	1 N State Ro	7 Ste 18 FL - 33073	☑ Add □ Remove
<u>P</u>	Paulo C Oliveira		464	1 N State Ro	7 Ste 18	☐ Add ☐ Remove
			~			Add Remove
E. If amendin (attach addi	g or adding additional Article tional sheets, if necessary). (1	s, enter el Be specific	hang ;)	e(s) bere:		
				!		<u> </u>
			<u> </u>			
	<u>.</u>					
provisions	idment provides for an exchain for implementing the amending applicable, indicate N/A)	ige, reclas	ssific t co	ation, or ca ntained in th	ncellation of iss e amendment i	ued shares, tself:
N/A						
	·	<u> </u>				····
,						
			. !			
		P	age	2 of 3		

The date of each amendment(s) adoption:	01/01/2008		
Effective date if applicable: 01/01/2006	(date of a	doption is rea	quired)
· · · · · · · · · · · · · · · · · · ·	an 90 days after	amendment)	(le date)
Adoption of Amendment(s)	(CHECK ONE	ri	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholder for approval.	s. The numb	er of votes cast for the amendment(s)
The amendment(s) was/were approved by must be separately provided for each vo	y the shareholde	ers through vo	ting groups. The following statement carately on the amendment(s):
"The number of votes cast for the ar	mendment(s) wa	s/were suffic	ient for approval
by(voting grou	(n)	<u> </u>	,;; -
The amendment(s) was/were adopted by action was not required.		ctors withou	t shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	the încorporato	s without sha	areholder action and shareholder
Dated 10/17/2014			
Signature			
(By a director, pr selected by an in	esident or other	officer – if di	rectors or officers have not been a receiver, trustee, or other court
appointed fiducia			a reserver, a used, or other equal
	Pris	illa Oliveir	a
•	(Typed or printe	d name of pe	son signing)
	Pf	RESIDENT	
——————————————————————————————————————	le of person sign		
·			
	De	ge 3 of 3	
	f 2	E 2 01 3	